



Blood Glucose Monitor

Service Authorization: None
CMN Required: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: JANUARY 2017

Blood Glucose Monitor

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if **ALL** of the following conditions are present:

- Diabetic (type I, II, or gestational), and
- There is a physician's order for the monitor and supplies, and
- The member has successfully completed training in the use of the monitor, test strips and lancets, and
- The device is designed for home use.

Guidance:

- One monitor allowed every four years, if replacement is needed.
- Lancets ([A4259](#)), blood glucose test strips ([A4253](#)) and control solutions ([A4256](#)) are covered items as well as the spring powered device ([A4258](#)) for lancets.
- Allowed up to 150 strips/lancets per month for insulin dependent diabetics.
- Allowed up to 200 strips/lancets every 3 months for non-insulin dependent diabetics.
- Allow one spring-powered device ([A4258](#)) every six months.

Non-Covered:

- Laser skin piercing device ([E0620](#)) is non-covered as not medically necessary. No exceptions.
- Alcohol, betadine, or peroxide is non-covered; since these items are not required for the proper functioning of the device. Urine test strips ([A4250](#)) are non-covered since they are not used with a glucose monitor. No exceptions



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Documentation Required: Only if submitting for authorization.

Date Revised

Revisions

January 2017

Reviewed and revised.